

RECEIVED

JUN 02 2022

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

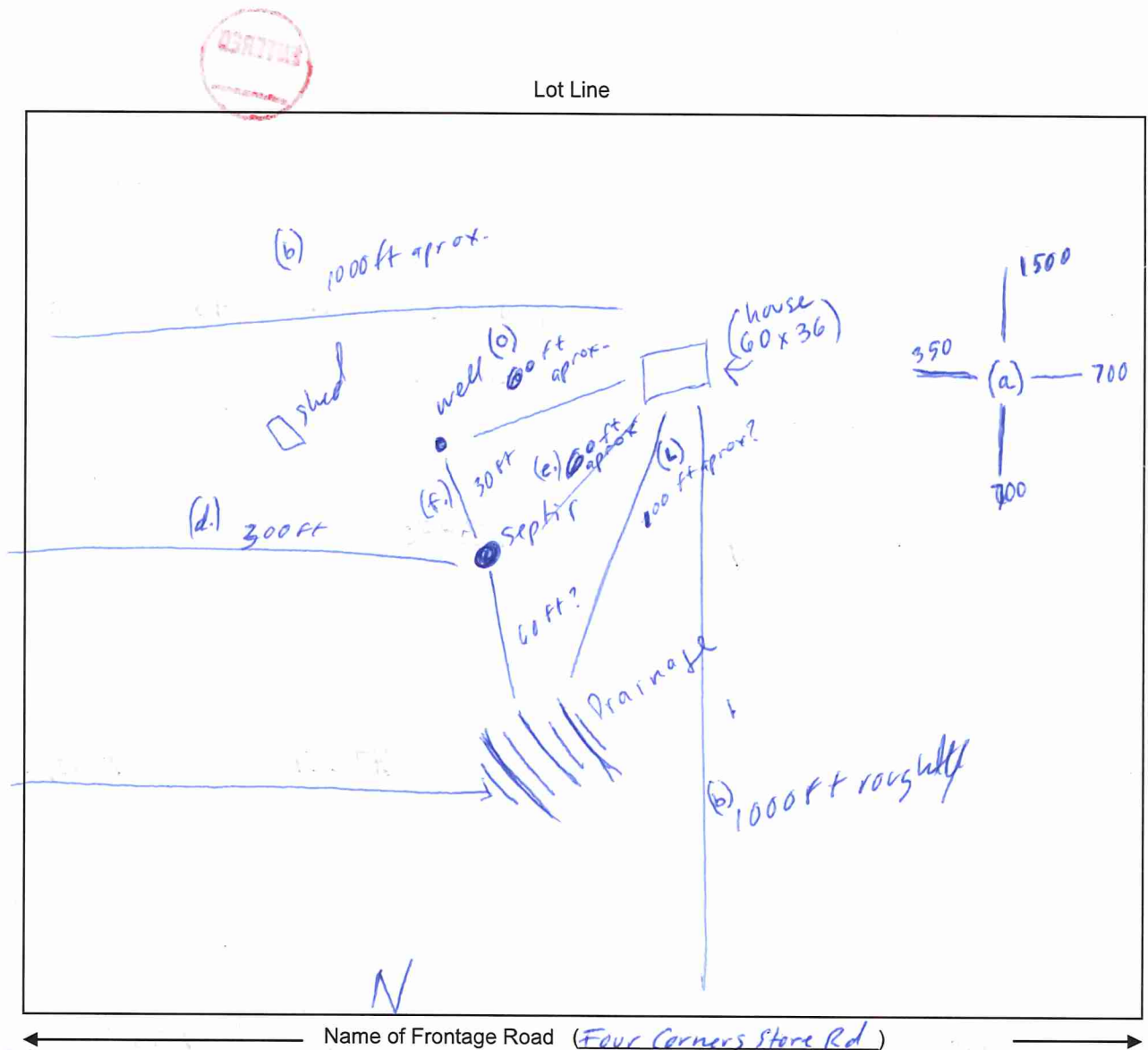


Zoning District \_\_\_\_\_

Lakes Class \_\_\_\_\_

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)				Soil Test No:		County Permit No: <u>22-0130</u>					
Property Owner's Name: <u>Thomas Anglin</u>				County: <b>Bayfield</b>							
Address of Property: <u>29515 Four Corners Store Rd</u>				Property Location: <u>NW 1/4 NE 1/4, S 23 T 45 N, R 05 E (or) W</u>							
Property Owner's Mailing Address: <u>29515 Four Corners Store Rd</u>				Township: <u>Lincoln</u>		Gov. Lot #:					
City, State <u>Mason, WI</u>	Zip Code <u>54856</u>	Phone Number <u>608-606-6797</u>	Lot #	Block #:	CSM #:	CSM Doc #	Subdivision Name				
<b>II. TYPE OF BUILDING:</b> (Check One)				Tax ID#:							
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>4</u>				<u>22830</u>							
<b>III. TYPE OF PERMIT:</b> (Check only one box on line A. Check box on line B, if applicable)											
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input checked="" type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)											
B) <input type="checkbox"/> A Sanitary Permit was previously issued. <b>Previous Permit Number:</b> <u>247227</u> <b>Date Issued:</b> <u>7/28/95</u>											
<b>IV. TYPE OF NON-PLUMBING SYSTEM:</b> (Check One) * Replacements need previous permit number and date filled out above											
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet											
<b>V. ABSORPTION SYSTEM INFORMATION:</b>											
1. Gallons Per Day <u>600</u>	2. Absorp. Area Required (Sq.Ft.) <u>960</u>	3. Absorp. Area Proposed (Sq. Ft.) <u>972</u>	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch) <u>3</u>	6. System Elev.(Feet) <u>95.5'</u>	7. Final Grade Elev. (Feet) <u>97.7'</u>					
<b>VI. TANK INFORMATION:</b>		Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
		New Tanks	Existing Tanks								
Septic Tank or Holding Tank			<u>X</u>	<u>1250</u>	<u>1</u>	<u>Huffcut</u>	<u>X</u>				
Lift Pump Tank / Siphon Chamber											
<b>VII. RESPONSIBILITY STATEMENT:</b>											
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.											
<b>Owner's Name(s):</b> (Print) If applying for Section C above						<b>Owner's Signature(s):</b> (No Stamps)					
Plumber's Name: (Print) If applying for Section A or B) above <u>Edward B Redinger</u>						Plumber's Signature: (No Stamps) <u>Edward B Redinger</u>					
Plumber's Address: (Street, City State, Zip Code) <u>1015 11th Ave E Ashland, WI 54806</u>						Home Phone: <u>715-278-3456</u>					
						MP/MPSW No: <u>221939</u>					
						Business Phone: <u>715-292-6670</u>					
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>											
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Sanitary Permit/Transfer Fee: <u>\$1850 6/21/22 JTB</u> <u>22-0130</u>		Date Issued: <u>6-30-2022</u>		Issuing Agent's Signature / Date: <u>527412 6/22/2022</u> <u>Mckenzie Slaw</u>			
		<input type="checkbox"/> Owner Given Initial Adverse Determination									
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>											
<u>1.) Reconnection to be conducted by MP.</u>											

Plot Plan on reverse side



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building.

3. Show the location of the well, septic tank and drain field.

4. Show the location of any lake, river, stream or pond if applicable.

5. Show the approximate location of other existing structures.

6. Show the approximate location of any wetlands or slopes over 20 percent.

7. Show dimensions in feet on the following:

- |   |   |
|---|---|
| a. Building to all lot lines                            | i. Privy to building                          |
| b. Building to centerline of road                       | j. Privy to lake, river, stream or pond       |
| c. Building to lake, river, stream or pond              | k. Drain field to closest lot line            |
| d. Septic / holding tank to closest lot line            | l. Drain field to building                    |
| e. Septic/holding tank to building                      | m. Drain field to well                        |
| f. Septic / holding tank to well                        | n. Drain field to lake, river, stream or pond |
| g. Septic / holding tank to lake, river, stream or pond | o. Well to building                           |
| h. Privy to closest lot line                            |   |

**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY**

**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE –  
SANITARY – **X**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0130** Issued To: **Thomas Anglin**

Location: **NW** ¼ of **NE** ¼ Section **23** Township **45** N. Range **5** W. Town of **Lincoln**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **RECONNECTION TO EXISTING 1250-GAL HUFFCUT SYSTEM**

**Condition(s): Reconnection to be conducted by a Master Plumber**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**McKenzie Slack, AZA**

Authorized Issuing Official

**June 30, 2022**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0131
Date:	6-30-2022
Amount Paid:	\$360 5-27-22 Resi JTB
Other:	
Refund:	



INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application MUST be submitted FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Thomas + LeeAra Anglin	Mailing Address: 29515 Four Corners St Rd City/State/Zip: Mason, WI 54856	Telephone:  Cell Phone: 608 606 6797 (TJ) 715-580-1291 (LeeAra)
Address of Property: 29515 Four Corners store Rd	City/State/Zip: Mason, WI 54856	
Email: (print clearly) riverrunlandscaping@gmail.com		
Contractor: Self	Contractor Phone: NA	Plumber: Superior Plumbing & Mech Inc Plumber Phone: 715-292-6670
Authorized Agent: (Person Signing Application on behalf of Owner(s)) NA	Agent Phone: NA	Agent Mailing Address (include City/State/Zip): NA
PROJECT LOCATION NW 1/4, NE 1/4	Legal Description: (Use Tax Statement) Gov't Lot Lot(s) CSM Vol & Page CSM Doc # Lot(s) # Block # Subdivision:	Tax ID# 22830 Recorded Document: (Showing Ownership) 2021R 542726
Section 23, Township 45 N, Range 5 W	Town of: Lincoln	Lot Size Acreage 40

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 120k	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: 389419 Septic tank & well reconnect	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input checked="" type="checkbox"/> 4	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 60'	Width: 36'	Height: 22'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( 60 X 36 )	2160
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: 5-17-21  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ (See Note below) Date: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (\*):

(4) Show:

(5) Show:

(6) Show any (\*):

(7) Show any (\*):
- Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

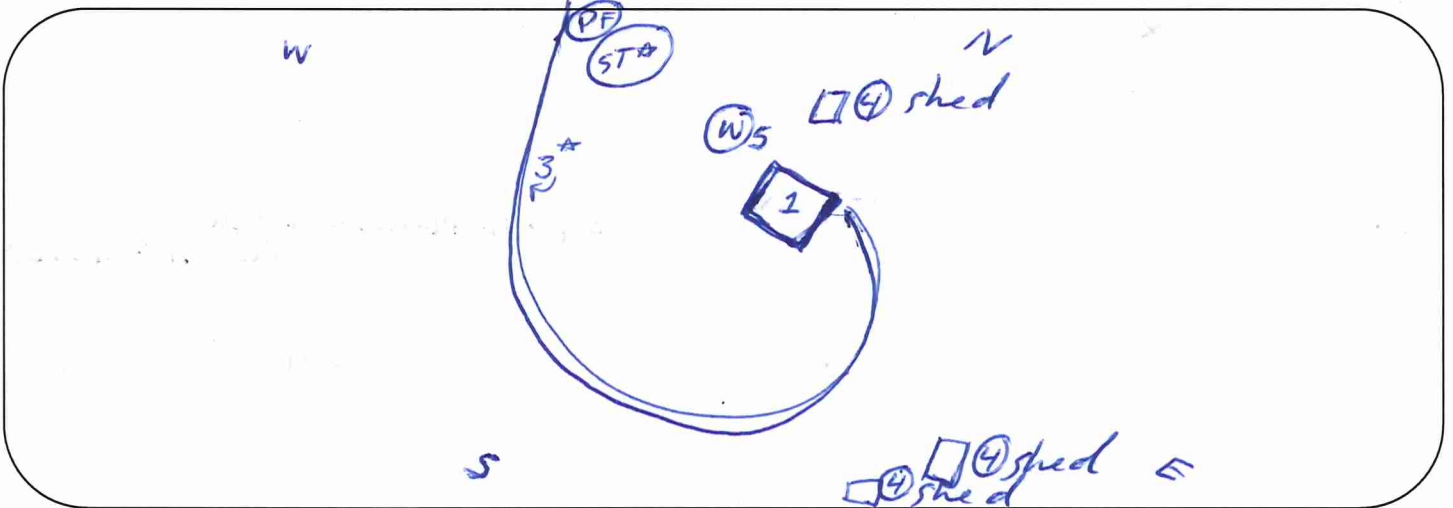
All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	310 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	1100 Feet		
Setback from the South Lot Line	110 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	940 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	310 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	64' Feet	Setback to Well	25 Feet
Setback to Drain Field	180' Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 389419	# of bedrooms: 5	Sanitary Date: 1/17/2002
Permit Denied (Date):	Reason for Denial: TBA - See #02-0017		
Permit #: 22-0131	Permit Date: 6-30-2022		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No NO onsite	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes NO onsite <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: NO onsite needed.	Zoning District ( A1 ) Lakes Classification ( - )		
Date of Inspection: —	Inspected by: —	Date of Re-Inspection: —	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) To meet all setbacks including eaves and overhangs. To be constructed per plan. Town/State DNR permits may be required.			
Signature of Inspector: [Signature]		Date of Approval: 6/22/2022	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>



# TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

ENTERED

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department  
P.O. Box 58 – Washburn, WI 54891  
Phone – (715) 373-6138  
Fax – (715) 373-0114  
e-mail: zoning@bayfieldcounty.wi.gov

Website:  
www.bayfieldcounty.wi.gov

Date Zoning Received: (Stamp Here)

RECEIVED  
JUN 20 2022  
Bayfield Co.  
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner Thomas Anglin Contractor Owner

Property Address 29515 Four Corners Rd Authorized Agent \_\_\_\_\_

Agent's Telephone \_\_\_\_\_

Telephone 608-627-2781 Written Authorization Attached: Yes ( ☒ ) No ( ☐ )

Accurate Legal Description involved in this request (specify only the property involved with this application)

NW 1/4 of NW 1/4, Section 23, Township 45 N., Range 5 W. Town of Lincoln

Govt. Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM# \_\_\_\_\_

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Tax I.D# \_\_\_\_\_ Acreage \_\_\_\_\_

Additional Legal Description: \_\_\_\_\_

Applicant: (State what you are asking for) Zoning District: \_\_\_\_\_ Lakes Classification: \_\_\_\_\_

construct residence at location of previous residence  
that burned down

We, the Town Board, TOWN OF Lincoln, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

previous residence @ same location  
complies with our Land Use Plan

\*\* THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

\*\* NOTE:

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

Signed:

Chairman: Mark D.

Supervisor: Dan Vailharten

Supervisor: Harold Wickman

Supervisor: \_\_\_\_\_

Clerk: [Signature]

Date: 6/9/22



Bayfield County, WI

PRPID/Tax ID # 22672  
NANCY J WILLETT

PRPID/Tax ID # 22675  
SHAWN P COLSCH

Kyster Rd

29245 KYSTER RD

PRPID/Tax ID # 22833  
NANCY J WILLETT

PRPID/Tax ID # 22830  
THOMAS J ANGLIN

29515 FOUR COI



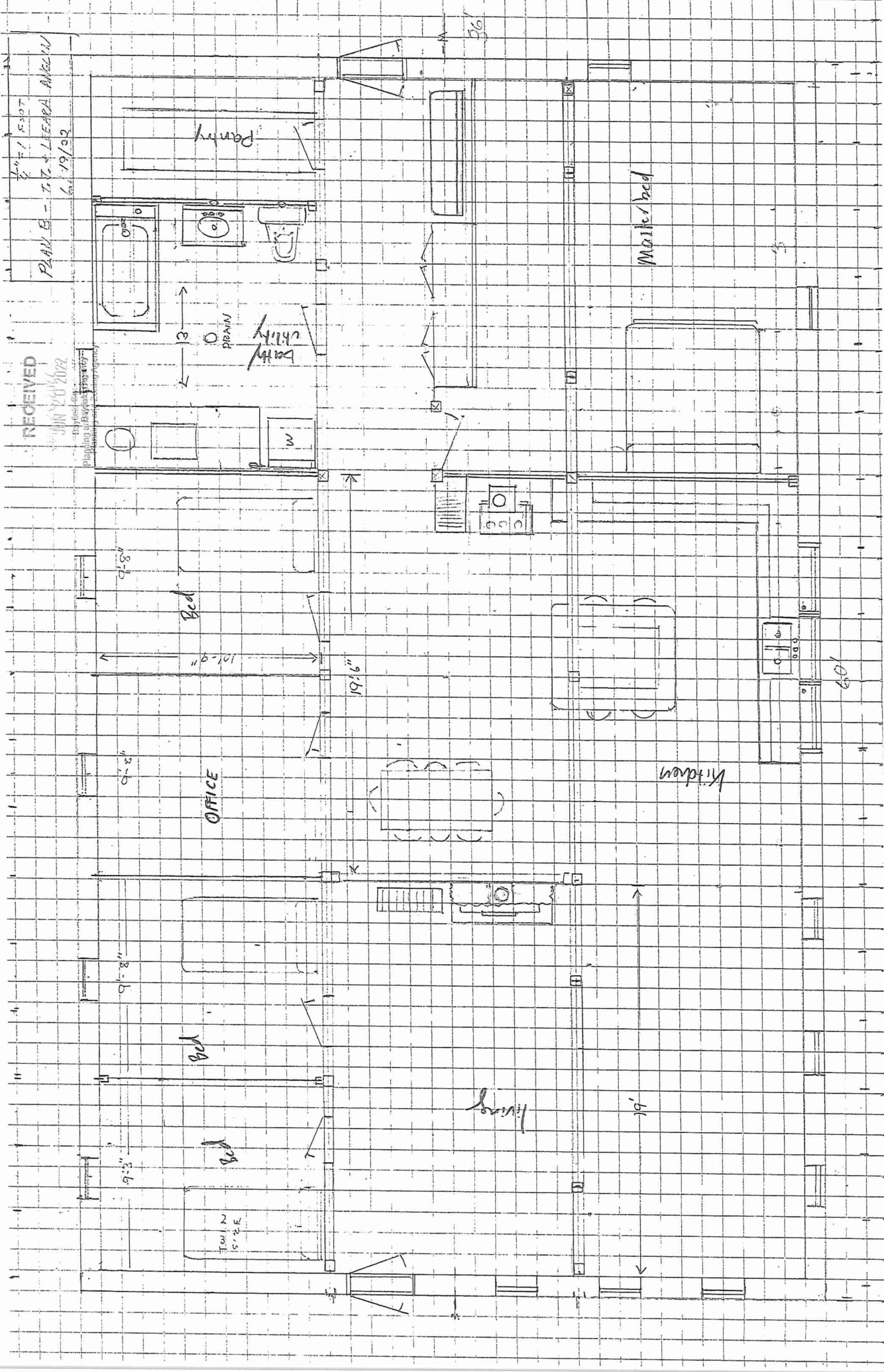
# Bayfield County, WI





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JUN 20 2002  
Playhouse Theatre  
1000 Broadway  
New York, NY 10003

PLAN E - T.T. LEACH AVEEN  
1/19/02



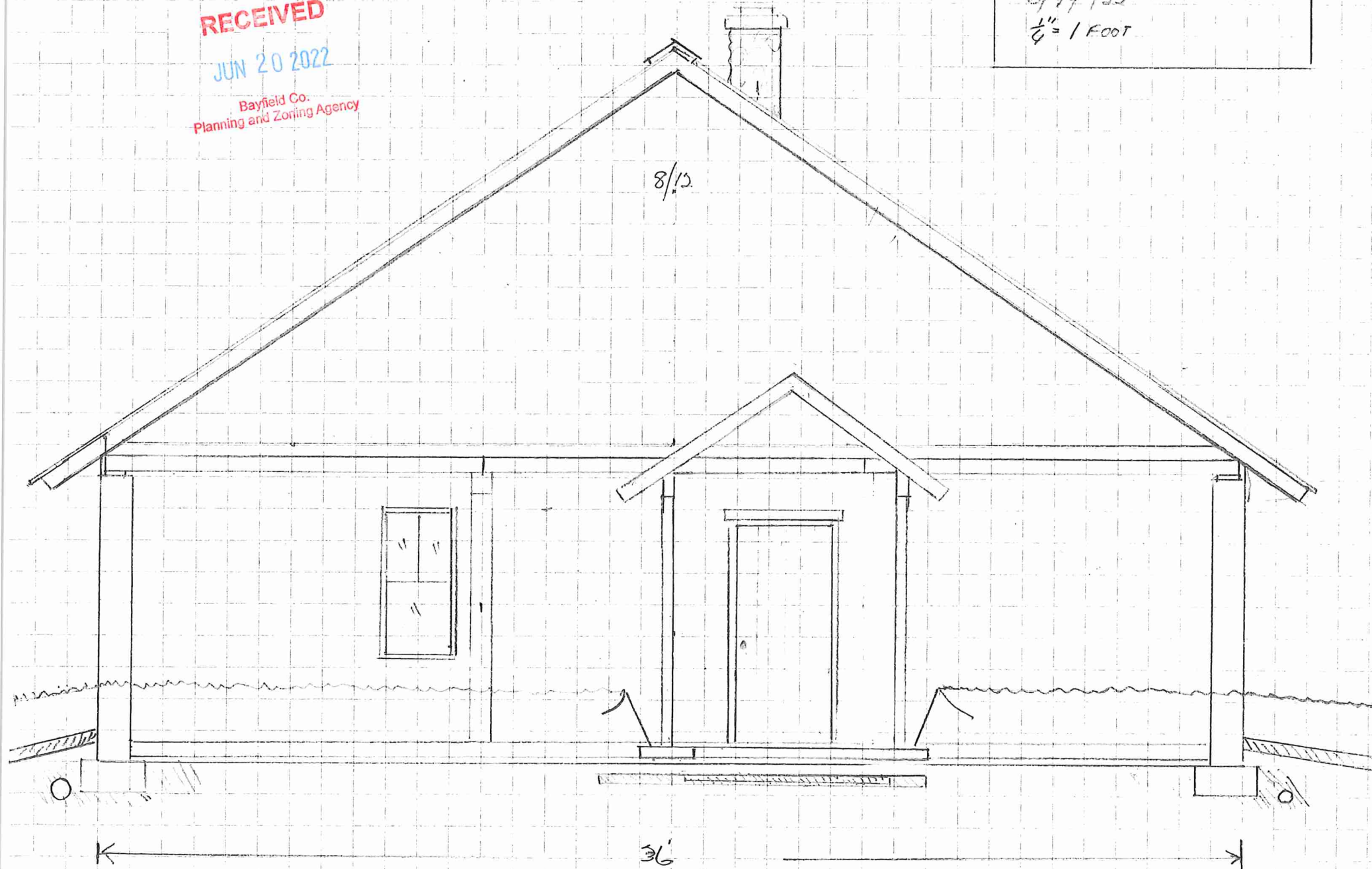


RECEIVED

JUN 20 2022

Bayfield Co.  
Planning and Zoning Agency

PLAN B  
T.J. & LEE ARA ANGLIN  
6/19/22  
1/4" = 1 FOOT



EASEMENT

Document Number

DANIEL J. HEFFNER  
BAYFIELD COUNTY, WI  
REGISTER OF DEEDS

2021R-592147

11/19/2021 12:41PM  
TF EXEMPT #:  
RECORDING FEE: \$30.00

PAGES: 2

WHEREAS, Harold and Patricia J. Anglin (hereinafter "Grantors") own the following described parcels located in the Town of Lincoln, Bayfield County, State of Wisconsin (hereinafter, collectively, "Servient Parcels")

Parcel 1: Northwest Quarter of the Southeast Quarter (NW ¼ SE ¼), Section Fourteen (14), Township Forty-five (45) North, Range Five (5) West

Tax Parcel Identification Number: 04-030-2-45-05-14-4 02-000-10000

AND

Parcel 2: Southwest Quarter of the Southeast Quarter (SW ¼ SE ¼), Section Fourteen (14), Township Forty-five (45) North, Range Five (5) West

Tax Parcel Identification Number: 04-030-2-45-05-14-4 03-000-10000

WHEREAS, Harold and Patricia J. Anglin (hereinafter "Grantee"), also own the following described parcels located in the Town of Lincoln, Bayfield County, State of Wisconsin (hereinafter "Benefitted Parcels"):

Parcel 3: Southwest Quarter of the Northeast Quarter (SW ¼ NE ¼), Section Twenty-three (23), Township Forty-five (45) North, Range Five (5) West,

Tax Parcel Identification Number: 04-030-2-45-05-23-1 03-000-10000

AND

Parcel 4: Northwest Quarter of the Northeast Quarter (NW ¼ NE ¼), Section Twenty-three (23), Township Forty-five (45) North, Range Five (5) West,

Tax parcel Identification Number: 04-030-2-45-05-23-1 02-000-10000;

NOW, THEREFORE, Grantors hereby grant a permanent, perpetual easement for ingress and egress over and across the existing driveway across the Servient Parcels for the benefit of the Benefitted Parcels.

The easement is subject to the following restrictions: The easement is a permanent, perpetual easement that will run with the land.

The owner of Parcel 2 shall be responsible for plowing the easement area (i.e. the driveway) at least to the property line between Parcel 2 and Parcel 4 and shall ensure that the driveway is sufficiently plowed to allow safe passage over an across the driveway from the public road to the property boundary between Parcels 2 and 4. The owner of Parcel 2 shall bear any related expense for such plowing.

*Harold Anglin*  
Harold Anglin

*Patricia J. Anglin*  
Patricia J. Anglin

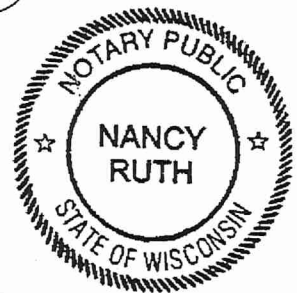
ACKNOWLEDGMENT

STATE OF WISCONSIN

COUNTY OF *Ashland*

Personally came before me this *9th* day of *October*, 2021 the above named Harold Anglin and Patricia J. Anglin to me known to be the person who executed the foregoing instrument and acknowledge the same.

*Nancy Ruth*  
Notary Public, State of Wisconsin, *Ashland* County; my commission expires: *04/08/2022*





Drafted by:  
Linda I. Coleman  
Bar No: 1088532

Real Estate Bayfield County Property Listing

Today's Date: 5/10/2022

Property Status: Current  
Created On: 3/15/2006 1:15:42 PM

Description	Updated: 1/10/2022
Tax ID:	22830
PIN:	04-030-2-45-05-23-1 02-000-10000
Legacy PIN:	030104502000
Map ID:	
Municipality:	(030) TOWN OF LINCOLN
STR:	S23 T45N R05W
Description:	NW NE IN DOC 2021R-592726 372
Recorded Acres:	40.000
Calculated Acres:	38.508
Lottery Claims:	0
First Dollar:	No
Zoning:	(AG-1) Agricultural-1
ESN:	121


Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
030	TOWN OF LINCOLN
041491	SCHL-DRUMMOND
001700	TECHNICAL COLLEGE

Recorded Documents	Updated: 3/15/2006
QUIT CLAIM DEED	
Date Recorded: 12/22/2021	2021R-592726
CONVERSION	
Date Recorded:	562-287

Ownership	Updated: 1/10/2022
THOMAS J ANGLIN	VIOLA WI

Billing Address:	Mailing Address:
THOMAS J ANGLIN	THOMAS J ANGLIN
E10569 GORE HOLLOW RD	E10569 GORE HOLLOW RD
VIOLA WI 54664	VIOLA WI 54664

Site Address	* indicates Private Road
29515 FOUR CORNERS STORE RD	MASON 54856



Property Assessment

Updated: 3/17/2020

2022 Assessment Detail			
Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.000	9,200	0
G4-AGRICULTURAL	7.000	1,000	0
G6-PRODUCTIVE FOREST	32.000	41,600	0
2-Year Comparison			
	2021	2022	Change
Land:	51,800	51,800	0.0%
Improved:	0	0	0.0%
Total:	51,800	51,800	0.0%

Property History
N/A



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0131** Issued To: **Thomas Anglin**

Location: **NW** ¼ of **NE** ¼ Section **23** Township **45** N. Range **5** W. Town of **Lincoln**

Gov't Lot	Lot	Block	Subdivision	CSM#
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**Residential Structure in Ag-1 zoning district**  
For: **Residential: [ 1-Story, Residence (60' x 36') = 2160 sq. ft. ] Height of 22'**

**Condition(s):** **A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction. Meet and Maintain Setbacks including eaves & overhangs. To be constructed per plan. Town/State/DNR permits may be required.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**McKenzie Slack, AZA**

Authorized Issuing Official

**June 30, 2022**

Date